



EXPRESS MAIL LABEL NO. EL 989612425 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Harrington et al. Art Unit: 1652
Application Serial No.: 09/586,744 Examiner: Saidha, Tekchand
Filed: June 2, 2000 Confirmation No.: 7865
For: MAMMALIAN FLAP-SPECIFIC Docket No: 375461-043USR1
ENDONUCLEASE

Mail Stop Box RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

I. ENCLOSURES

Transmitted herewith are the following documents for the above-referenced application:

- ☒ 25 Page Amendment and Response Under 37 CFR 1.116, with Appendix A;
- ☒ Request for Continued Examination (RCE); and
- ☒ Petition for Extension of Time (5 month).

II. EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| | Extension (months) | Fee for other than small entity | Fee for small entity |
|-------------------------------------|-----------------------|------------------------------------|-------------------------|
| <input type="checkbox"/> | one month | \$ 120.00 | \$ 60.00 |
| <input type="checkbox"/> | two months | \$ 450.00 | \$ 225.00 |
| <input type="checkbox"/> | three months | \$1,020.00 | \$ 510.00 |
| <input type="checkbox"/> | four months | \$1,590.00 | \$ 795.00 |
| <input checked="" type="checkbox"/> | fifth month | \$2,160.00 | \$1,080.00 |

Extension Fee \$2,160.00

- ☒ If an extension of time is required or additional time, please consider this a petition therefore.

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III. FEE FOR CLAIMS

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--|-----|---------------------------------|---------------|------------------|------------|-----|---------------------------|------------|
| Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee | | Rate | Addit. Fee |
| Total * | 126 | Minus *0* | 113 | 13 | x25= | \$0 | x50= | \$650.00 |
| Indep. * | 7 | Minus *0* | 7 | 0 | x100= | \$0 | x200= | \$0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | +180= | \$0 | | x360= | \$0 |
| | | | | TOTAL ADDIT. FEE | \$0 | OR | TOTAL ADDIT. FEE | \$650.00 |

- ☐ No additional fee for claims required.
- ☒ Total additional fee for claims required \$650.00.

FEE PAYMENT

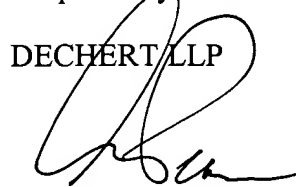
- ☐ Attached is a check in the sum of \$_____ for additional claims fee.
- ☒ Charge Account No. 50-2778 the sum of **\$3,600.00** (\$2,160.00 for the five (5) month extension of time fee; the sum of \$650.00 for additional claims; and the sum of \$790.00 for a Request for Continued Examination (RCE)).

FEE DEFICIENCY

- ☒ In the event that the indicated amount is less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778 (**Order No. 375462-043USR1 (358012)**).
- ☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Respectfully submitted,

DECHERT LLP



Ann M. Caviani Pease
Reg. No. 42,067

Dated: October 3, 2005

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